

For Health Dept. Use

Well Permit Number \_\_\_\_\_

Corresponding Sewage Permit No. \_\_\_\_\_

Rec'd by: \_\_\_\_\_

Date: \_\_\_\_\_

Receipt #: \_\_\_\_\_ Amt. \$ \_\_\_\_\_

**BERRIEN COUNTY**

**APPLICATION AND PERMIT TO INSTALL A PRIVATE /TYPE III WATER SUPPLY**

NAME \_\_\_\_\_ Well ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE # \_\_\_\_\_ TOWNSHIP \_\_\_\_\_ SECTION \_\_\_\_\_

SUBDIVISION \_\_\_\_\_ LOT NO. \_\_\_\_\_ PROPERTY NO. \_\_\_\_\_

WELL CONTRACTOR'S NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

DRIVING DIRECTIONS \_\_\_\_\_

I hereby apply for this permit and have authorization to do so. I understand this is a construction permit only, and that the well is not to be put into service until final approval has been granted. I further state the information given is accurate and complete.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

B.C.H.D. WELL CONSTRUCTION APPROVAL/DENIAL BY \_\_\_\_\_ DATE \_\_\_\_\_

(FOR HEALTH DEPARTMENT USE ONLY)

**WELL SITE EVALUATION INFORMATION**

STANDARD ISOLATION AREA \_\_\_\_\_ FT. DATE OF EVALUATION: \_\_\_\_\_ BY: \_\_\_\_\_

MAJOR ISOLATION AREA \_\_\_\_\_ FT. (IF ISOLATION DISTANCES ARE LESS THAN ESTABLISHED MINIMUM STANDARDS, COMPLETE DEVIATIONS SECTION)

PERMIT CONDITIONS/DEVIATIONS: \_\_\_\_\_

**FINAL INSPECTION**

WELL: CASING TERMINATION APPROVED: YES \_\_\_\_\_ NO \_\_\_\_\_

LOCATION APPROVED: YES \_\_\_\_\_ NO \_\_\_\_\_

CONSTRUCTION SATISFACTORY: YES \_\_\_\_\_ NO \_\_\_\_\_

PUMP: SHALLOW WELL JET \_\_\_\_\_ DEEP WELL JET \_\_\_\_\_

SUBMERSIBLE \_\_\_\_\_ HAND PUMP \_\_\_\_\_ TURBINE \_\_\_\_\_

OTHER: \_\_\_\_\_

PIPING MATERIALS: \_\_\_\_\_

STORAGE: TYPE \_\_\_\_\_

LOCATION: \_\_\_\_\_

CAPACITY \_\_\_\_\_ GALLONS

OPERATING RANGE \_\_\_\_\_ - \_\_\_\_\_

TEST RESULTS: BACTERIOLOGIC \_\_\_\_\_

NITRATE \_\_\_\_\_ MG/L

DATE COLLECTED \_\_\_\_\_

WELL LOG RECORD: DATE RECEIVED \_\_\_\_\_

WATER SUPPLY APPROVED: YES \_\_\_\_\_ NO \_\_\_\_\_

DATE: \_\_\_\_\_ BY: \_\_\_\_\_ (HEALTH DEPT. REPRESENTATIVE)

SCALE DRAWING: Make a **SCALE DRAWING**, including dimensions, in the space provided below. Location in respect to all possible sources of Contamination, including adjacent sewer lines, septic systems, and major sources of contamination. This drawing approved by the Berrien County Health Department.

**NORTH**

After well construction is completed, a water well record must be submitted to the Berrien County Health Department. Notify the Health Department for a final inspection and sampling of the well.